2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P95000034901

1. Entity Name

Keystone Guard Services, Inc.

FILED

00 JUL 12 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2550 NW 72 AVE SUITE 109 MIAMI FL 33122	2550 NW 72 AVE SUITE 109 MIAMI FL 33122

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc: SUITE 109		Suite, Apt. #, etc: SUITE 109	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65 0614784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JULIE ROLAND 2550 NW 72 AVE SUITE 109 MIAMI FL 33122	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Julie Roland 07/11/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JULIE ROLAND 2550 NW 72 AVE, SUITE 109 MIAMI FL 33122 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003343833--1 -08/02/00--01049--018 ****300.00 ****300.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julie Anne Roland JULIE ROLAND 07/11/00 (305)639-2595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2062

Keystone Guard Services, Inc.
2550 NW 72nd Avenue
Suite 109
Miami, FL 33122

July 11, 2000

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Keystone Guard Services, Inc.

To Whom It May Concern:

I am writing to file our Annual Report. We never received the Annual Report form from your office and when I called your office to request the appropriate forms I was informed to include this letter so that your office would waive the late penalty. Enclosed please find an annual report form and check #16890 in the amount of $300.00. Thank you for your prompt attention to this matter. Please forward the Annual Report for the year 2001 so that we may file early next year. Please change the suite number to 109.

Sincerely,

Julie Roland

Julie Roland
Keystone Guard Services, Inc.

JR/eh